

State/Territory: RHODE ISLAND

AMOUNT, DURATION, AND SCOPE OF MEDICAL
AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

1. Inpatient hospital services other than those provided in an institution for mental diseases.

Provided: ☐ No limitations ☒ With limitations*

- 2.a. Outpatient hospital services.

Provided: ☐ No limitations ☒ With limitations*

- b. Rural health clinic services and other ambulatory services furnished by a rural health clinic (which are otherwise included in the State plan).

☒ Provided: ☐ No limitations ☒ With limitations*

☐ Not provided.

- c. Federally qualified health center (FQHC) services and other ambulatory services that are covered under the plan and furnished by an FQHC in accordance with section 4231 of the State Medicaid Manual (HCFA-Pub. 45-4).

Provided: ☐ No limitations ☒ With limitations*

3. Other laboratory and x-ray services.

Provided: ☐ No limitations ☒ With limitations*

*Description provided on attachment, and including prior authorization requirement specified in pages 9, 10, and 11 of this attachment.

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LIMITATIONS

Attachment 3.1-A
Supplement to Page 1

1. Inpatient Hospital Services

Payment for sterilization procedures can only be made if the person is at least 21 years of age, is mentally competent, is not institutionalized and a departmental consent form is properly completed at least 30 days, but not more than 180 days, prior to the procedure.

Hysterectomy services can be considered for payment only if a Medical Assistance Hysterectomy Statement has been completed on or before the date of the procedure.

Payment not made for inpatient hospital services related to elective surgery performed for cosmetic purposes only.

2a. Outpatient Hospital Services

Payment for sterilization procedures can only be made if the person is at least 21 years of age, is mentally competent, is not institutionalized and a departmental consent form is properly completed at least 30 days, but not more than 180 days, prior to the procedure.

Payment not made for outpatient hospital services related to elective surgery performed for cosmetic purposes only.

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State/Territory: RHODE ISLAND

AMOUNT, DURATION, AND SCOPE OF MEDICAL
AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

- 4.a. Nursing facility services (other than services in an institution for mental diseases) for individuals 21 years of age or older.
Provided: ☐/No limitations ☒/With limitations*
- 4.b. Early and periodic screening, diagnostic and treatment services for individuals under 21 years of age, and treatment of conditions found.*
- 4.c. Family planning services and supplies for individuals of child-bearing age.
Provided: ☐/No limitations ☒/With limitations*
- 5.a. Physicians' services whether furnished in the office, the patient's home, a hospital, a nursing facility or elsewhere.
Provided: ☐/No limitations ☒/With limitations*
- b. Medical and surgical services furnished by a dentist (in accordance with section 1905(a)(5)(B) of the Act).
Provided: ☐/No limitations ☒/With limitations*
6. Medical care and any other type of remedial care recognized under State law, furnished by licensed practitioners within the scope of their practice as defined by State law.
- a. Podiatrists' services.
☒/ Provided: ☐/ No limitations ☒/With limitations*
☐/ Not provided.

*Description provided on attachment, and including prior authorization requirements specified in pages 9, 10, and 11 of this attachment.

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